



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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HOSPICE BULLETIN

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CHANGES TO CERTIFICATION OF TERMINAL ILLNESS PERIOD LENGTHS FOR MISSOURI MEDICAID

Effective May 1, 2005 the Missouri Medicaid system began calculating new certification periods for recipients who have elected the hospice benefit as two 90-day periods followed by unlimited periods of 60 days. Those periods that the system has already calculated in the pattern 90-90-30-unlimited 90-day periods will remain unchanged. The last period already calculated is the one that follows the most recently keyed signed physician certification.

When each signed certification is entered into the system, the beginning date for only the following period is calculated. No further periods are calculated until the next entry. Therefore, on a given record, there will still be one certification due date the system has already calculated at the time when the most recent certification date was keyed, under the pattern 90-90-30-unlimited 90s. Once that signed certification date is entered, after May 1, 2005 the system will calculate the following period based upon the pattern 90 days – 90 days – unlimited 60-day periods. Any future periods will continue to be calculated under the new pattern.

CERTIFICATION PERIOD CALCULATION UPON READMISSION FOR MISSOURI MEDICAID

Anytime a patient leaves hospice, whether it is a revocation, relocation, decertification or other discharge, and then reelects the hospice benefit, it is considered a new election. The reelection will initiate a new 90-90- unlimited-60-day series of certification

periods. The hospice must provide an initial certification of terminal illness with signatures of both the attending physician and hospice medical director upon reelection. The one exception to this is a change of provider. A change of provider is not considered a discontinuation of hospice benefits. In this case a recipient can remain on the same certification period schedule.

SUBMISSION OF FORMS

Only the Hospice Election Statement and Notification of Termination of Hospice Benefit (excluding date of death notification) may be faxed to Division of Medical Services (DMS) at (573) 526-2041 rather than mailed.

Both forms are due to be received by DMS within 5 days of their execution so that benefits can be administered correctly. Late submissions can cause denial of services to recipients, denial of payments to providers, and incorrect payments.

Do not routinely follow the faxed form(s) with a copy ("hardcopy") in the mail. If the faxed copy is not legible, DMS will request a mailed copy.

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-800-392-0938 and using Option One.

Provider Communications Hotline
800-392-0938 or 573-751-2896